



## DURHAM COUNTY ENVIRONMENTAL HEALTH

### Transitional Permit Application for an Existing Food Service Establishment

The following must be complete for the transitional permit application to be reviewed:

\_\_\_\_\_ A floor plan drawn to scale (1/4" = 1 foot) showing the placement of each piece of food service equipment, all sinks, storage areas, and trash can wash facilities. Plans must also include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.

\_\_\_\_\_ Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL classified for sanitation **or** be constructed to meet NSF/ANSI standards. **All equipment must be identified.**

\_\_\_\_\_ **Completed** Transitional Permit Application

\_\_\_\_\_ Proposed menu

\_\_\_\_\_ Transitional Review Fee \$100

\_\_\_\_\_ Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the applicant to complete the permit conditions before expiration for the permit to be valid after 180 days. Expiration of a transitional permit will require a full plan review application to be submitted.

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Submittal Items Reviewed by \_\_\_\_\_

Submittal Date \_\_\_\_\_

Fee Paid \_\_\_\_\_  
Staff initial

Office hours are Monday through Friday 8:30 am to 5:00 pm. If we can be of further assistance, contact Environmental Health at 560-7800, Fax submittal (919)-560-7830.



**Transitional Permit Application for an Existing Food Service Establishment**

**Purchase Date:** \_\_\_\_\_

**Present Name of Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**New Name of Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Fax:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**New Owner:** \_\_\_\_\_

(Person, Corporation or Partnership Name)

**Title (owner, manager, architect, etc.):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Fax:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Transitional permits are valid for only 180 days from the date of issuance. It is the responsibility of the applicant to complete the permit conditions before expiration for the permit to be valid after 180 days. Expiration of a transitional permit will require a full plan review application to be submitted.

***I certify that the information in this application is correct, and I understand that any changes may delay issuance of a Transitional permit.***

**Name:** \_\_\_\_\_

**PLEASE PRINT NAME**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Owner or Responsible Representative)



**Transitional Permit Application for an Existing Food Service Establishment**

**Hours of Operation**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Type of Food Service**

(Check all that apply)

Restaurant \_\_\_\_\_ Sit-down meals \_\_\_\_\_  
Food Stand (no seats provided) \_\_\_\_\_ Take-out \_\_\_\_\_  
Drink Stand \_\_\_\_\_ Single-Service \_\_\_\_\_  
(no food served but using multi-use glassware) (Disposable dishes and/or utensils)  
Commissary \_\_\_\_\_ Catering \_\_\_\_\_  
Meat Market \_\_\_\_\_ Multi-use \_\_\_\_\_  
(Reusable dishes and or utensils)  
Lodging Food Service \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**Please list any changes that you are considering for this facility:**

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## **Transitional Permit Application for an Existing Food Service Establishment**

### **Food Processing Procedures**

#### **Thawing**

Check the appropriate box to indicate how food will be thawed

<b>Thawing Process</b>	<b>Red Meats</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Vegetables</b>	<b>Other</b>
In Refrigerator					
Under Running Water					
Cooked Without Thawing					
Thawed in Microwave as Part of Cooking Process					

#### **Cooling**

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

<b>Cooling Process</b>	<b>Meats</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Vegetables</b>	<b>Soups</b>	<b>Sauce</b>
In the refrigerator						
Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

### **Preparation Procedures**

#### **Produce:**

Will produce be purchased fully prepared and pre-rinsed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, where will produce be prepared and / or rinsed? \_\_\_\_\_

Additional information: \_\_\_\_\_

#### **Seafood:**

Will Seafood be purchased fully prepared and pre-rinsed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, where will seafood be prepared and / or rinsed? \_\_\_\_\_

Additional information: \_\_\_\_\_

#### **Poultry:**

Will poultry be purchased fully prepared and pre-rinsed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, where will poultry be prepared and / or rinsed? \_\_\_\_\_

Additional information: \_\_\_\_\_

#### **Pork and / or Red Meat:**

Will pork and / or red meat be purchased fully prepared and pre-rinsed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, where will pork or red meat be prepared and / or rinsed? \_\_\_\_\_

Additional information: \_\_\_\_\_



**Transitional Permit Application for an Existing Food Service Establishment**

**Water Supply–Sewage Disposal-Equipment Specifications**

**Water Supply:** City \_\_\_\_\_ Well \_\_\_\_\_

**Sewer:** City \_\_\_\_\_ Onsite \_\_\_\_\_

**Water Heater Specifications:**

(Manufacturer information sheet or plate on tank)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Tank Size: (gallons) \_\_\_\_\_ Recovery @ 100° Rise \_\_\_\_\_

Power Rating: Gas \_\_\_\_\_ (BTU'S) Electric \_\_\_\_\_ (kW)

**Dish machine:**

(Manufacturer information sheet or plate on machine)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Booster Heater Yes \_\_\_\_\_ No \_\_\_\_\_ Gallons per Hour \_\_\_\_\_

Chemical Sanitizer Yes \_\_\_\_\_ No \_\_\_\_\_

Leased Machine Yes \_\_\_\_\_ No \_\_\_\_\_

**Three-compartment Pot Wash Sink:**

Sink Size (in inches) front to back \_\_\_\_\_" x Width \_\_\_\_\_" x Depth \_\_\_\_\_"

Drain Board: Width \_\_\_\_\_" x Depth \_\_\_\_\_"

Indirect Drains Yes \_\_\_\_\_ No \_\_\_\_\_

**Can Wash/ Mop Sink:**

(36" x 36")

Location \_\_\_\_\_

**Disposal of Solid Waste:**

Dumpster \_\_\_\_\_ Roll out Cart \_\_\_\_\_

**APPLICATION SUBMITTAL:**

Attention:

Jane Andrews, REHS, Plan Review Specialist  
Durham County Health and Human Services  
Environmental Health Division  
414 E. Main Street  
Durham, NC 27701